

## ATTACHMENT 5

### Examples of requests for prior authorization for adult mental health day treatment services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> <li>• Pre-HIPAA nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	<ul style="list-style-type: none"> <li>• Pre-HIPAA nonmedical codes.</li> <li>• Pre-HIPAA medical codes.</li> </ul>
10/14/03	11/1/03	Revised PA forms and instructions	<ul style="list-style-type: none"> <li>• National nonmedical codes.</li> <li>• National medical codes.</li> </ul>

For the following examples, the service to be performed is day treatment in an office.

For example, if both of the following are true:		Then use the following:				
Date of receipt	Requested start date	PA forms and instructions	Procedure code	Modifier(s)	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA forms and instructions	W8911	None	3	1
9/30/03	10/14/03	Pre-HIPAA PA forms and instructions	W8911	None	3	1
10/14/03	11/1/03	Revised PA forms and instructions	H2012	HE	11	None